

DEPARTMENT OF TRANSPORTATION
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY

SECTION A - CLAIMANT IDENTIFICATION

1. NAME AND ADDRESS OF CLAIMANT	2. TITLE AND GRADE	3. TELEPHONE NO.
	4. OFFICE OR SERVICE	5. LOCATION (<i>City and state</i>)
6. LOCATION WHERE LOSS OR DAMAGE OCCURRED		7. DATE OF LOSS OR DAMAGE
		8. TOTAL AMT. CLAIMED \$

SECTION B - DESCRIPTION OF PROPERTY

ITEMIZED LISTING <small>(Attach supplemental sheet, if necessary)</small>	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	TO BE COMPLETED BY INVESTIGATOR DEPRECIATED VALUE

9. CLAIM IS FOR (<i>Check one</i>) <input type="checkbox"/> LOSS (<i>Includes theft</i>) <input type="checkbox"/> DAMAGE	10. BRIEF STATEMENT OF CIRCUMSTANCES
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11A. WAS PROPERTY INSURED? <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If "YES," complete 11B and 11C</i>)	12A. WAS PROPERTY IN POSSESSION OF COMMON CARRIER AT TIME OF LOSS <input type="checkbox"/> NO <input type="checkbox"/> YES (<i>If "YES," complete 12B and 12C</i>)
B. NAME OF INSURER	B. HAS CLAIM BEEN MADE <input type="checkbox"/> NO <input type="checkbox"/> YES
C. AMOUNT COLLECTED (<i>Attach itemized listing</i>)	C. DISPOSITION OF CLAIM

CERTIFICATION—I make this claim with full knowledge of the penalties for willfully making a false claim and certify that I am entitled to any payments.

13. DATE	14. IF CLAIMANT IS NOT OWNER, STATE RELATION- SHIP	15. SIGNATURE OF CLAIMANT
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CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENT: Fine of not more than \$10,000 or imprisonment for not more than 5 years or both (*18 U.S.C. 287, 1001*)

SECTION C - (To Be Completed By Designated Investigator)

16. NAME OF INVESTIGATOR	17. TITLE AND GRADE	18. TELEPHONE NO.
19. OFFICE OR SERVICE	20. LOCATION (<i>City and State</i>)	
21. VERIFICATION OF FACTS/DISCREPANCIES		
22. REMARKS AND RECOMMENDATIONS		
23. DATE	24. SIGNATURE OF INVESTIGATOR	

SECTION D - APPROVAL

25. PAYMENT IS APPROVED IN THE AMOUNT OF \$ _____	26. DATE	27. SIGNATURE OF APPROVING OFFICIAL
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